CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | Guide explains how to complete this | 1 Filer ID (Ethics Commis 00000046 | | 2 Total pages filed: 23 |
|-------------------------|-------------------------------------|---|-----------------------------------|---|
| 3 CANDIDATE / | MS / MRS / MR FIRS | Γ | MI | OFFICE USE ONLY |
| OFFICEHOLDER NAME | Mrs. Dean | nna | | Date Received |
| '""" | | | | ELECTRONICALLY FILED |
| | | | | |
| | NICKNAME LAST | | SUFFIX | 12/10/2024 |
| | Mald | onado-Rocha | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT / SUITE | Ε#; CITY; | ZIP CODE | Date Hand-delivered or Date Postmarked |
| OFFICEHOLDER | 10700 Ira Way | | | |
| MAILING ADDRESS | | | | Receipt # Amount |
| Change of Address | El Paso, TX 79935 | | | |
| Onlinge of Address | E1 Faso, 1 × 19933 | | | Date Processed |
| | | | | |
| | | | | Date Imaged |
| | | | | |
| 5 CAMPAIGN TREASURER | MS / MRS / MR FIRST | • | MI | |
| NAME | Mrs. Christ | tina | | |
| | | | | |
| | NICKNAME LAST | | SUFFIX | |
| | Klaes | | | |
| | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO BOX P | LEASE): APT | / SUITE #; CITY; | STATE; ZIP CODE |
| TREASURER | 8300 Hopewell | - // | , , | , |
| ADDRESS | | | | |
| (Residence or Business) | 51 D TV 70005 | | | |
| | El Paso, TX 79925 | | | |
| | | | | |
| 7 CAMPAIGN | AREA CODE PHONE NUM | IBER EXTENSION | | |
| TREASURER | (915) 269-8058 | | | |
| PHONE | (313) 203 3033 | | | |
| 8 REPORT | | | | |
| TYPE | January 15 30th | day before election | Runoff | 15th day after campaign treasurer |
| | | | | appointment (officeholder only) |
| | July 15 8th | | Exceeded modified reporting limit | Final Report (Attach C/OH-FR) |
| | | | reporting intin | |
| 9 PERIOD | Month Day Year | | Month Day | Year |
| COVERED | 10/27/2024 | THROUGH | 12/04/2024 | 1 |
| | | | | |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE | |
| | Month Day Year | Primary | χRunoff | Other |
| | 12/14/2024 | General | Special | |
| | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT | (if known) |
| II OFFICE | OFFICE HELD (if any) | | | |
| | | | City Representati | ve Place El Paso District District 3 |
| | | | | |
| | | | | |
| | | | | |
| | | GO TO PAGE 2 | | |
| I | | - - | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 23

| 13 C / OH NAME | Maldonado-Rocha, D | eanna (Mrs.) | 14 Filer ID (E 00000046 | Ethics Commission Filers) |
|--|----------------------------------|--|--------------------------------|---------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditu These expenditures may have been made without in Inficeholders are required to report this information | the candidate's or officel | holder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| Ш | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | |
| | | | | |
| 16 CONTRIBUTION TOTALS | | L ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC | | \$ 0.00 |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | 5) | \$ 16,950.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITION | AL EXPENDITURES | | \$ 23,508.09 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ 15,645.70 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 10,000.00 |
| 17 AFFIDAVIT | | | | |
| | | I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. | | |
| | | Mrs. Dear | nna Maldonado-Rocha | a |
| | | Signature of | Candidate or Officehold | ler |
| AFFIX NO | TARY STAMP / SEAL ABO | DVE | | |
| Sworn to and subso | cribed before me, by the s | aid | , this the | day |
| | | ertify which, witness my hand and seal of office. | | · |
| | | | | |
| Signature of office | cer administering | Printed name of officer administering | Title of officer | administering oath |
| | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | | JVLN 、 | 3 of 23 |
|-----|-------------------|--|-----------------------------|-----------|-------------------|
| l | ER NAN Idonad | ME o-Rocha, Deanna (Mrs.) | 19 Filer ID 00000046 | (Ethics C | ommission Filers) |
| l | HEDULI ME OF : | SUE | BTOTAL AMOUNT | | |
| 1. | X | \$ | 16,950.00 | | |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE E: LOANS | | \$ | |
| 5. | X | \$ | 23,188.09 | | |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | X | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | 320.00 |
| 10. | | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ | |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER | RETURNED | \$ | |
| | | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | INS | | | SCHEDUI | LE A1 |
|---|--------------------|---|-------------------------|-------|--------------------------|----------|--|--------------|
| | The Instruc | ction Guide explains how | to complete this fo | orm. | | 1 | Total pages Schedule A1: Sch: 1/5 Rpt: 4/23 | |
| 2 | FILER NAME | | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | | Rocha, Deanna (Mrs.) | _ | | | L | 00000046 | |
| 4 | Date 11/21/2024 | 5 Full name of contributor Anderson, Sue | out-of-state PAC (ID#: | |) | 7 | Amount of Contribution (\$) | \$500.00 |
| | | 6 Contributor address; City; St 4750 River Creek PI | ate; Zip Code | | | | | |
| | | El Paso, TX 79922 | | | | | | |
| 8 | | pation / Job title (See Instructions | 5) | | oloyer (See Instructions | | | |
| | Executive | | | Abl | e Construction Mana | ige | ment LLC | |
| | Date 11/21/2024 | Full name of contributor Arriola, Benjamin | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$500.00 |
| | | Contributor address; City; St 701 Gary Lane | ate; Zip Code | ••••• | | | | |
| | | El Paso, TX 79925 | | | | | | |
| | Principal occu | pation / Job title (See Instructions | 3) | Emp | oloyer (See Instructions | 5) | | |
| | President | | | Sou | uthwest University at | Εl | Paso | |
| | Date 11/07/2024 | Full name of contributor El Paso Association of Fir | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | | Contributor address; City; St 3112 Forney | ate; Zip Code | | | | | |
| | | El Paso, TX 79935 | | | | | | |
| | Principal occu | pation / Job title (See Instructions | s) | Emp | oloyer (See Instructions | 5) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | |) | Г | Amount of Contribution (\$) | |
| | 11/12/2024 | El Paso Electric PAC Contributor address; City; St PO Box 982 | | | | - | | \$1,000.00 |
| | | El Paso, TX 79960 | | | | | | |
| | Principal occu | pation / Job title (See Instructions | 5) | Emp | oloyer (See Instructions | 5) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | |
| | 11/20/2024 | Escudero, Ed | | | | | | \$1,000.00 |
| | | Contributor address; City; St 34 Goodwin Dr | ate; Zip Code | ••••• | | | | |
| | | El Paso, TX 79902 | | | | | | |
| | Principal occu | pation / Job title (See Instructions | (s) | Fmr | oloyer (See Instructions | <u>L</u> | | |
| | President an | | '' | | h Desert Capital LLC | | | |
| | | | | | | | | |

| 2 FILF | The Instruction Guide explains how to complete this form. | | | | | Total pages Schedule A1: Sch: 2/5 Rpt: 5/23 | | |
|-------------|---|---|----------|---------------------------------------|---------|--|------------|--|
| | R NAME | N. J. (2000) | | | 3 | Filer ID (Ethics Commission | on Filers) | |
| | | Rocha, Deanna (Mrs.) | | | L | 0000046 | | |
| 4 Date 11/2 | 23/2024 | 5 Full name of contributor out-of-state PAC (IE Fernandez, Miguel | D#: |) | 7 | Amount of Contribution (\$) | \$1,000.00 | |
| | | 6 Contributor address; City; State; Zip Code 411 Rim Rd | | | | | | |
| | | El Paso, TX 79902 | | | | | | |
| | cipal occu _l cutive | oation / Job title (See Instructions) | 9 | Employer (See Instructions Transtelco | 5) | | | |
| Date | 9 | Full name of contributor uut-of-state PAC (II | D#: |) | | Amount of Contribution (\$) | | |
| 11/2 | 22/2024 | Fox, Paige | | | | | \$1,000.00 | |
| | | Contributor address; City; State; Zip Code | | | 1 | | | |
| | | 765 Meadowlark Dr | | | | | | |
| | | El Paso, TX 79922 | | | | | | |
| Princ | cinal occur | pation / Job title (See Instructions) | - | Employer (See Instructions | :) | | | |
| VP | oipai oooa | sadon / oos tale (eee meraellene) | | Fox Automotive Group | ', | | | |
| Date | 9 | Full name of contributor ut-of-state PAC (IE | _ |) | Π | Amount of Contribution (\$) | | |
| 11/1 | 18/2024 | Francis, Frederick | | | | (,) | \$1,000.00 | |
| | | Contributor address; City; State; Zip Code | | | | | | |
| | | 601 S Mesa | | | | | | |
| | | FI D TV 70004 | | | | | | |
| Drine | oinal again | El Paso, TX 79901 pation / Job title (See Instructions) | | Employer (See Instructions | <u></u> | | | |
| CEC | | oation / Job title (See instructions) | | Weststar Bank |) | | | |
| Date | | Full name of contributor | D#1 | , | Г | Amount of Contribution (\$) | | |
| | 19/2024 | Full name of contributor out-of-state PAC (IE Frank, Adam | J# |) | | Amount of Continuation (\$) | \$500.00 | |
| | 10,202 | Contributor address; City; State; Zip Code | | | | | 4000.00 | |
| | | 801 River Oaks Dr | | | | | | |
| | | | | | | | | |
| | | El Paso, TX 79912 | | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | | |
| Rea | al Estate I | Development | | River Oaks Properties | | | | |
| Date | | Full name of contributor out-of-state PAC (IE | D#: |) | | Amount of Contribution (\$) | | |
| 11/1 | 12/2024 | Hunt, Woody | | | | | \$2,500.00 | |
| | | Contributor address; City; State; Zip Code | | | | | | |
| | | 601 N Mesa | | | | | | |
| | | El Paso, TX 79901 | | | | | | |
| Princ | cipal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | | |
| Sr C | Chairman | of the Board of Directors | | Hunt Companies | | | | |
| | | | • | | | | | |
| | | | | | | | | |

| | MONEI | ARY POLITICAL CO | NIRIBUTION | S | | SCHEDUI | E A1 |
|---|--------------------------------|--|------------------------------------|--|---|--|------------|
| | The Instruc | ction Guide explains how to | complete this form | n. | 1 | Total pages Schedule A1: Sch: 3/5 Rpt: 6/23 | |
| 2 | FILER NAME Maldonado-F | Rocha, Deanna (Mrs.) | | | 3 | Filer ID (Ethics Commission 00000046 | on Filers) |
| 4 | Date 11/14/2024 | 5 Full name of contributor Jobe, Stanley 6 Contributor address; City; State; 1150 Southview | out-of-state PAC (ID#: Zip Code | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| 8 | Principal occu Founding Pa | El Paso, TX 79928 pation / Job title (See Instructions) rtner | 9 | Employer (See Instructions Jobe Materials |) | | |
| | Date 11/15/2024 | Full name of contributor Klaes, Brian Contributor address; City; State; 8708 Hopewell El Paso, TX 79925 | | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Engineer | pation / Job title (See Instructions) | | Employer (See Instructions Moreno Cardenas |) | | |
| | Date 11/19/2024 | Full name of contributor Lowenfield, Ronald Contributor address; City; State; 530 Woodland Avenue El Paso, TX 79912 | out-of-state PAC (ID#: Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions Casa Auto Group |) | | |
| | Date 11/03/2024 | Full name of contributor Montes, Daniel Contributor address; City; State; 1068 Clarendon Crescent Oakland, CA 94610 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Physician | pation / Job title (See Instructions) | | Employer (See Instructions Sutter East Bay medical | | oup | |
| | Date 11/22/2024 | Full name of contributor Ortega, Steve Contributor address; City; State; 521 Texas Ave El Paso, TX 79901 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$1,500.00 |
| | Principal occu Attorney and | pation / Job title (See Instructions) Owner | | Employer (See Instructions Law Office of Steve Orte | | | |
| | | | • | | | | |

| | MONEI | ARY POLITICAL CONTRIBUT | HON | NS | | SCHEDUI | LE A1 |
|---|---------------------------------|---|--------|--|--|--|------------|
| | The Instruc | ction Guide explains how to complete th | is for | m. | 1 | Total pages Schedule A1: Sch: 4/5 Rpt: 7/23 | |
| 2 | FILER NAME Maldonado-F | Rocha, Deanna (Mrs.) | | | 3 | Filer ID (Ethics Commission 00000046 | on Filers) |
| 4 | | Full name of contributor out-of-state PAC (Palacios, Raymond Contributor address; City; State; Zip Code 5026 Meadowlark Dr | ID#: |) | 7 | Amount of Contribution (\$) | \$500.00 |
| 8 | Principal occup | El Paso, TX 79922 pation / Job title (See Instructions) | 9 | Employer (See Instructions Bravo Auto Group |) 5) | | |
| | Date 11/20/2024 | Full name of contributor out-of-state PAC (Porras, Gary Contributor address; City; State; Zip Code 805 Wingfoote Rd El Paso, TX 79912 | ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occup President an | pation / Job title (See Instructions) d CEO | | Employer (See Instructions Garick Group | s) | | |
| | Date 11/20/2024 | Full name of contributor out-of-state PAC (Robison, J K Contributor address; City; State; Zip Code 4445 N Mesa St Ste 100 El Paso, TX 79902 | ID#: | | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>. </u> | | |
| | Date 11/19/2024 | Full name of contributor out-of-state PAC (Rubin, Gerald Contributor address; City; State; Zip Code 538 Laurel Canyon El Paso, TX 79912 | ID#: | | | Amount of Contribution (\$) | \$1,250.00 |
| | Principal occup | pation / Job title (See Instructions) | | Employer (See Instructions River Oaks | 5) | | |
| | Date 11/19/2024 | Full name of contributor out-of-state PAC (SNAP Partners LP Contributor address; City; State; Zip Code 11165 Gateway West El Paso, TX 79935 | ID#: | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | N | S | | SCHEDULE A1 |
|---|------------------------------|--|-----|---|----------------|--|
| | The Instru | ction Guide explains how to complete this f | orn | n. | 1 | Total pages Schedule A1: Sch: 5/5 Rpt: 8/23 |
| 2 | FILER NAME | Rocha, Deanna (Mrs.) | | | 3 | Filer ID (Ethics Commission Filers) 00000046 |
| 4 | Date 11/03/2024 | Full name of contributor out-of-state PAC (ID#:_Sanchez, Sheila Contributor address; City; State; Zip Code 12196 Salette Way | | | 7 | Amount of Contribution (\$) \$150.00 |
| 8 | Principal occu Pharmacist | El Paso, TX 79936 upation / Job title (See Instructions) | | Employer (See Instructions Sunrise Infusion | <u> </u> 5) | |
| | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to comp | nplete | e this form. |
|---|---|---|--------------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/14 Rpt: 9/23 | Maldonado-Rocha, Deanna (Mrs.) | | 00000046 |
| 4 | Date | 5 Payee name | | <u>'</u> |
| | 12/02/2024 | Acosta, Delia | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | de | |
| | \$386.00 | | | |
| | | | | |
| | | El Paso, TX 79936 | | |
| 8 | PURPOSE | | (b) D | Description |
| | OF | Salaries/Wages/Contract Labor | .э, Б Г | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Salarios, magos, cominas, salor | | Check if Austin, TX, officeholder living expense |
| | | | bl | olock walker |
| | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sough | jht | Office held |
| | experiorarie to benefit C/O | 1 | | |
| | Date | Payee name | | |
| | 11/05/2024 | Bencomo, Iris | | |
| | Amount (\$) | Payee address; City; State; Zip Code | de | |
| | \$180.00 | | | |
| | | | | |
| | | El Paso, TX 79925 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b | (b) D | Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | | Check if travel outside of Texas. Complete Schedule T. |
| | LAI LINDITORE | | | Check if Austin, TX, officeholder living expense |
| | | | e | election day worker |
| | Complete ONLY if direct | Candidate/Officeholder name Office sough | ıh+ | Office held |
| | Complete ONLY if direct expenditure to benefit C/Ol | | JIIL | Office field |
| | | | | |
| | Date | Payee name | | |
| | 11/06/2024 | Bencomo, Jose | | |
| | Amount (\$) | Payee address; City; State; Zip Code | de | |
| | \$1,679.30 | 8804 Dirk Ct | | |
| | | | | |
| | | El Paso, TX 79925 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b | (b) D | Description |
| | OF EXPENDITURE | Advertising Expense | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | L | Teneck if Austin, 11x, officerolder living expense |
| | | | 11 | adio da producion |
| | Complete ONLY if direct | Candidate/Officeholder name Office sough | ıht | Office held |
| | expenditure to benefit C/O | | j. 1t | Onice Held |
| _ | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl | | Vages | s/Contract Labor | | Travel Out of Dis OTHER (enter a | strict category not listed above) |
|----------|--|-----|---|----------------|-------|---------------------------------|-------|-------------------------------------|--------------------------------------|
| _ | | - | | unis now to co | шріс | | _ | | (=u: 0 : : =u) |
| 1 | Total pages Schedule F1: | ı | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 2/14 Rpt: 10/23 | | Maldonado-Rocha, Deanna (Mrs.) | | | | | 00000046 | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 12/02/2024 | | Benny Franks | | | | | | |
| 6 | Amount (\$) | ⊢ | | State; Zip Co | do | | | | |
| ١ | ` ' | ı | • | nate, Zip Co | ue | | | | |
| | \$152.47 | | 3041 N Zaragoza | | | | | | |
| | | | | | | | | | |
| | | | El Paso, TX 79938 | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of the | is schedule) | (b) | Description | | | |
| | OF | | Food/Beverage Expense | oooud.o, | | | utsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | , in the second | | | Check if Austin, | TX, | officeholder living | expense |
| | | | | | | | | | everage for charity bike |
| | | | | | | run for Child C | Cris | sis Center | |
| 9 | Complete ONLY if direct | | andidate/Officeholder name | Office sou | ght | | | Office he | eld |
| | expenditure to benefit C/OI | Н | | | - | | | | |
| \vdash | Data | Г | Deves many | | | | | | |
| | Date | ı | Payee name | 5 .II | | • | | | |
| | 11/22/2024 | | Borrego Print & Mail Marketing LLC | | | ing | | | |
| | Amount (\$) | | Payee address; City; S | state; Zip Co | de | | | | |
| | \$2,878.43 | | 1155 Larry Mahan Dr Ste J | | | | | | |
| | | | | | | | | | |
| | | | El Paso, TX 79925 | | | | | | |
| _ | PURPOSE | ├ | | | (h) | Description | | | |
| | OF | | Category (See Categories listed at the top of the | is schedule) | (5) | Description Check if travel or | utsir | de of Texas. Com | nlete Schedule T |
| | EXPENDITURE | | Fees | | | | | officeholder living | |
| | | | | | | — | | | or runoff mailer |
| | | | | | | . 3 | | J | |
| _ | Complete ONLY if direct | | andidate/Officeholder name | Office sou | aht | | | Office he | 7l4 |
| | expenditure to benefit C/OI | | andidate/Onicerolder name | Omec 30a | giit | | | Office fic | Jiu |
| | | _ | | | | | | | |
| | Date | ı | Payee name | | | | | | |
| | 10/30/2024 | | Carbajal, Linda | | | | | | |
| | Amount (\$) | | Payee address; City; S | state; Zip Co | de | | | | |
| | \$405.00 | | | | | | | | |
| | | | | | | | | | |
| | | | El Paso, TX 79938 | | | | | | |
| _ | DUDDOC- | ١., | | | 4. | | | | |
| | PURPOSE OF | | Category (See Categories listed at the top of th | is schedule) | (a) | Description | uto: | de of Texas. Com | nlota Schadula T |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | officeholder living | |
| | | | | | | Early voting p | | | гехрепас |
| | | | | | | _a, voing p | J.1 | | |
| _ | Complete ONLY if direct | Щ | andidata/Officahaldar nama | Office | abt | | | Office | old. |
| | Complete ONLY if direct expenditure to benefit C/OI | | andidate/Officeholder name | Office sou | gnı | | | Office he | tiu |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | 9) |
|---|--|---|-----------|
| _ | Tatal manage Calculula E4. | | [:lawa\ |
| 1 | Total pages Schedule F1: Sch: 3/14 Rpt: 11/23 | 2 FILER NAME Maldonado-Rocha, Deanna (Mrs.) 3 Filer ID (Ethics Commission 00000046 | i Filers) |
| 4 | Date | 5 Payee name | |
| | 11/05/2024 | Carbajal, Linda | |
| 6 | Amount (\$) \$200.00 | 7 Payee address; City; State; Zip Code El Paso, TX 79938 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| ľ | OF | | |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense election day worker | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held OH | |
| | Date | Payee name | |
| | 11/05/2024 | Chavez, Yvette | |
| | Amount (\$) \$180.00 | Payee address; City; State; Zip Code | |
| | | El Paso, TX 79912 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. | |
| | - | Check if Austin, TX, officeholder living expense | |
| | | election day worker | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held OH | |
| _ | | 1 | |
| | Date | Payee name | |
| | 11/13/2024 | Cognent | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$75.00 | PO BOX 536421 | |
| | | Orlando, FL 32853 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense graphic design of block walk event flyer | |
| | | graphic design of block wark event liyer | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | DH | |
| | | | |
| | | | |
| l | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 4/14 Rpt: 12/23 | Maldonado-Rocha, Deanna (Mrs.) 00000046 |
| 4 | Date | 5 Payee name |
| | 11/21/2024 | Cognent |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$350.00 | PO BOX 536421 |
| | | |
| | | Orlando, FL 32853 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | | Check if Austin, TX, officeholder living expense Graphic design of runoff mailer and block walking |
| | | events |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| H | Date | Payee name |
| | 11/05/2024 | Diaz, Sarai |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$180.00 | rayee address, City, State, Zip Code |
| | φ100.00 | |
| | | FI Doog TV 7001F |
| | | El Paso, TX 79915 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | election day worker |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 11/05/2024 | Diego, Enriquez |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$200.00 | |
| | | |
| | | |
| | | El Paso, TX 79930 |
| | PURPOSE | El Paso, TX 79930 (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense poll worker election day |
| | OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense poll worker election day Candidate/Officeholder name Office sought Office held |
| | OF EXPENDITURE Complete ONLY if direct | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense poll worker election day Candidate/Officeholder name Office sought Office held |
| | OF EXPENDITURE Complete ONLY if direct | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense poll worker election day Candidate/Officeholder name Office sought Office held |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 5/14 Rpt: 13/23 | Maldonado-Rocha, Deanna (Mrs.) 00000046 |
| 4 | Date | 5 Payee name |
| | 11/05/2024 | Dominguez, Alfonso |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$180.00 | |
| | | |
| | | El Paso, TX 79928 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor |
| | | election day worker |
| | | cledion day worker |
| _ | Complete ONLY if direct | Condidate/Office helder name Office accepts |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 11/05/2024 | Dominguez, Gabriela |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$180.00 | |
| | | |
| | | El Paso, TX 79928 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense election day worker |
| | | election day worker |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | |
| | | |
| | Date | Payee name |
| | 11/21/2024 | FedEx |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$449.78 | 1404 N Lee Trevino |
| | | |
| | | El Paso, TX 79936 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense printing material for door knocking |
| | | printing material for door knocking |
| | Complete ONU V if allow | Condidate/Officeholder name |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | - Firming to solione of of | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | ı - ıl Cor | nmittee | Gift/Awards/Memorials Legal Services The Instruction G | · | | /ages/ | /Contract Labor | | Travel Out of D OTHER (enter | istrict a category not listed above) | |
|----------|--|---------------|----------------|--|--------------------|-------------|----------|-----------------|----------|---------------------------------|---|---|
| 1 | Total pages Schedule F1: | 2 | EII ER NIAME | | | | <u> </u> | | 3 | Filer ID | (Ethics Commission Filers) | ` |
| | Sch: 6/14 Rpt: 14/23 | | | : -Rocha, Deanna | ત્ર (Mrs.) | | | | | 00000046 | ` | , |
| 4 | Date | 5 | | · | • , | | | | <u> </u> | | | |
| 4 | | ı | Payee name | | | | | | | | | |
| | 11/23/2024 | L | FedEx | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State | ; Zip Coo | de | | | | | |
| | \$21.87 | | 1404 N Lee | Trevino | | | | | | | | |
| | | | | | | | | | | | | |
| | | | El Paso, TX | 79936 | | | | | | | | |
| 8 | PURPOSE | (a) | | ee Categories listed at | he top of this cab | Jedule) | (b) | Description | | | | |
| | OF | | Printing Exp | | top of this SUI | .saure) | • | | outsi | de of Texas. Co | mplete Schedule T. | |
| | EXPENDITURE | | y =/\ | | | l | | = | | , officeholder livir | | |
| | | | | | | l | | print material | for | block walk | ring events | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Offi | ceholder name | (| Office souç | ght | | | Office h | neld | |
| | expenditure to benefit C/O | | | | ` | | | | | | | |
| | Date | _ | Doves : | | | | _ | | | | | |
| | Date | | Payee name | Corol | | | | | | | | |
| | 11/05/2024 | <u></u> | Hernandez, | | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State | ; Zip Co | de | | | | | |
| | \$180.00 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | _ | El Paso, TX | 79925 | | | | | | | | |
| | PURPOSE | (a) | | ee Categories listed at | | nedule) | (b) | Description | _ | | | Ī |
| | OF EXPENDITURE | | | ages/Contract L | | l | | = | | | mplete Schedule T. | |
| | | | | | | l | | ш | | , officeholder livir | ng expense | |
| | | | | | | | | election day v | wor | ker | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Offi | ceholder name | | Office sou | ght | | | Office h | neld | |
| | | _ | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 11/05/2024 | | Hernandez, | Marisa | | | | | | | | |
| | Amount (\$) | Г | Payee addres | ss; City; | State | ; Zip Coo | de | | | | | |
| | \$180.00 | | | /1 | 2.3.0 | , 55 | | | | | | |
| | 7100.00 | | | | | | | | | | | |
| | | | El Door Tir | 70020 | | | | | | | | |
| | | | El Paso, TX | . 19928 | | | | | | | | |
| | PURPOSE OF | (a) | | ee Categories listed at | | nedule) | (b) | Description | | | | |
| | EXPENDITURE | | Salaries/Wa | ages/Contract L | abor | | | <u></u> | | | mplete Schedule T. | |
| | - | | | | | | | | , TX, | , officeholder livir | ng expense | |
| | | | | | | | | poll worker | | | | |
| | | <u> </u> | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Offi | ceholder name | (| Office sou | ght | | | Office h | neld | |
| | | _ | | | | | _ | | _ | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Travel Out of District OTHER (enter a category not listed above) |
|---|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILED NAME | 3 Filer ID (Ethics Commission Filers) |
| - | Sch: 7/14 Rpt: 15/23 | Maldonado-Rocha, Deanna (Mrs.) | 00000046 |
| 4 | Date | 5 Payee name | |
| | 11/05/2024 | Herrera, Marco | |
| 6 | Amount (\$) \$180.00 | 7 Payee address; City; State; Zip Code El Paso, TX 79936 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | | outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Galaries, Wages, Corni act Easter | TX, officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 11/05/2024 | Herrera, Silvia | |
| | Amount (\$) \$180.00 | Payee address; City; State; Zip Code | |
| | | El Paso, TX 79936 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Jaianes/ Wages/Contract Eabor | outside of Texas. Complete Schedule T. |
| | | | TX, officeholder living expense |
| | | election day v | vorker |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 10/30/2024 | Jaime, Medina | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$225.00 | | |
| | | El Paso, TX 79927 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | | outside of Texas. Complete Schedule T. |
| | _/, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | TX, officeholder living expense |
| | | early voting p | oii worker |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | H | Cindo Hold |
| | | | |
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| L | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - al Coi | mmittee | Legal Servi | | | | /ages | ete this form. | | Travel Out of OTHER (ente | | ct ttegory not listed above) |
|----------|--|---------------|---------------------------|--------------|--------------------|-----------------|-------------|-------|-----------------|-------|---------------------------|----------|---------------------------------|
| 1 | Total pages Cabadula F4: | 1 | EII ED NAME | | | | | | | 12 | Filer ID | | (Ethics Commission Filers) |
| | Total pages Schedule F1: | _ | | | Daanna / | Mrc \ | | | | 3 | Filer ID 000004 | | Lancs Commission Files) |
| L | Sch: 8/14 Rpt: 16/23 | | Maldonado | | Deailla (N | vii 5. <i>)</i> | | | | | 0000004 | <u> </u> | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| L | 11/05/2024 | L | Klaes, Chris | stina | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; C | ity; | State | ; Zip Co | de | <u> </u> | | | | |
| | \$180.00 | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | El Paso, TX | 79925 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (S | ee Catenorie | s listed at the to | op of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Salaries/Wa | | | | .ouu.o, | | Check if travel | outsi | de of Texas. C | omple | ete Schedule T. |
| | EXPENDITURE | | | - | | | | | Check if Austin | , TX | officeholder li | ving ex | xpense |
| | | | | | | | | | poll worker | | | | |
| | | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Offi | iceholder | name | C | Office sou | ght | | | Office | helc | i |
| L | CAPERIORALE TO DETICITE C/OI | | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 11/05/2024 | | Medina, An | gel | | | | | | | | | |
| | Amount (\$) | Γ | Payee addre | ss; C | ity; | State; | ; Zip Co | de | | | | | |
| | \$180.00 | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | El Paso, TX | 79935 | | | | | | | | | |
| | PURPOSE OF | (a) | Category (S | | | | nedule) | (b) | Description | | | | |
| | EXPENDITURE | | Salaries/Wa | ages/Co | ntract Lab | or | | | Check if travel | | | | |
| | | | | | | | | | Check if Austin | | | viriy e | лренов |
| | | | | | | | | | Ciccuon day (| vvOI | NOI | | |
| \vdash | Complete ONLY if direct | <u> </u> | Candidate/Offi | iceholder | name | | Office sou | aht | | | Office | held | 1 |
| | expenditure to benefit C/OI | | -analaato/OIII | Jonolaci | | | zmoc soa | 9,11 | | | Cilice | | - |
| \vdash | Date | | Payor nama | | | | | | | | | | |
| | 11/05/2024 | | Payee name Medina, Jai | | | | | | | | | | |
| | | | | | •• | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; C | ity; | State; | ; Zip Co | de | | | | | |
| | \$200.00 | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| L | | | El Paso, TX | 79927 | | | | _ | | _ | | _ | |
| | PURPOSE | (a) | Category (S | ee Categorie | s listed at the t | op of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Salaries/Wa | ages/Co | ntract Lab | or | | | Check if travel | | | | |
| | - | | | | | | | | Check if Austin | | | ving ex | xpense |
| | | | | | | | | | election day v | VVUI | KCI | | |
| | Complete ONLY if alice at | Ц | Candidate /Off | ioobold- | nomo | | Office carr | ab+ | | | Off: a - | hal- | 4 |
| | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Offi | cenolaer | паше | C | Office sou | ynt | | | Office | neic | 1 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| _ | | _ | | | | | | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Lead Services Salaries/Wages/Contract Labor

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 9/14 Rpt: 17/23 | Maldonado-Rocha, Deanna (Mrs.) 00000046 |
| 4 | Date | 5 Payee name |
| | 11/05/2024 | Medina, Jose |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$180.00 | |
| | | |
| | | El Paso, TX 79935 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense election day worker |
| | | election day worker |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | - · · · · · · · · · · · · · · · · · · · |
| | | |
| | Date | Payee name |
| | 11/05/2024 | Michael , Cloud |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$200.00 | |
| | | |
| | | El Paso, TX 79935 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Check if Austin, TX, officeholder living expense poll worker election day |
| | | poli worker election day |
| | Computate ONLY if diseast | Condidate/Office helder name Office accords |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 11/05/2024 | Moose's Draft House |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,023.16 | 1550 Hawkins Blvd |
| | | |
| | | El Paso, TX 79925 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | General Election watch party |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experience to beliefit 6/01 | • |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 10/14 Rpt: 18/23 | Maldonado-Rocha, Deanna (Mrs.) 00000046 |
| 4 | Date | 5 Payee name |
| | 11/05/2024 | Moreno, Mercedes |
| 6 | Amount (\$) \$180.00 | 7 Payee address; City; State; Zip Code |
| | | El Paso, TX 79936 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense election day worker/phone banker |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 11/05/2024 | Munoz, Alejandro |
| | Amount (\$) \$150.00 | Payee address; City; State; Zip Code |
| | | El Paso, TX 79928 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense election day worker |
| | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 11/05/2024 | Murillo, Harley |
| | Amount (\$) \$180.00 | Payee address; City; State; Zip Code |
| | | El Paso, TX 79925 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense election day worker |
| | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 11/14 Rpt: 19/23 | Maldonado-Rocha, Deanna (Mrs.) 00000046 |
| 4 | Date | 5 Payee name |
| | 10/29/2024 | RC Graphic Designs and Printing |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,671.67 | 12230 Coral Gate Dr |
| | | |
| | | El Paso, TX 79936 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Balance for mailers paid off |
| | | Balance for maners paid on |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 11/04/2024 | RC Graphic Designs and Printing |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$351.81 | 12230 Coral Gate Dr |
| | | |
| | | El Paso, TX 79936 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | printing of push cards for general election |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 11/20/2024 | RC Graphic Designs and Printing |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,505.99 | 12230 Coral Gate Dr |
| | | |
| | | El Paso, TX 79936 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Printing of 7750 mailers and block walking material |
| | | Timing of 7750 mailers and block walking material |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 12/14 Rpt: 20/23 | Maldonado-Rocha, Deanna (Mrs.) 00000046 |
| 4 | Date | 5 Payee name |
| | 12/02/2024 | RC Graphic Designs and Printing |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$173.20 | 12230 Coral Gate Dr |
| | | |
| | | El Paso, TX 79936 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | printing of runoff push cards |
| | | printing of ration pack called |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 11/05/2024 | Rocha, Elijah |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$60.00 | |
| | | |
| | | El Paso, TX 79935 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | election day worker |
| | | ologich day worker |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | • • • • • • • • • • • • • • • • • • • |
| | Data | Davies same |
| | Date 11/05/2024 | Payee name Rocha, Elysse |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$180.00 | |
| | | |
| L | | El Paso, TX 79936 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Check if Austin, TX, officeholder living expense |
| | | election day worker/ phone banker |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Gift/Awards/Memorial Legal Services | · | | /ages | /Contract Labor | | Travel Out of Di OTHER (enter a | strict a category not listed above) |
|----------|--|----------|----------------|--|---------------------|---------------|-------|--------------------------------|-------|------------------------------------|---|
| | | | | The Instruction G | uide explains | how to co | mple | ete this form. | _ | | |
| 1 | Total pages Schedule F1: | 2 | | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 13/14 Rpt: 21/23 | | Maldonado- | Rocha, Deann | a (Mrs.) | | | | | 00000046 | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| L | 10/28/2024 | | Sam's Club | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State; | ; Zip Co | de | | | | |
| | \$62.13 | | 9498 Gatev | ay Blvd N | | | | | | | |
| | | | | | | | | | | | |
| | | | El Paso, TX | 79924 | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | ee Categories listed at | the top of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Contribution | s/Donations M | ade By | | | | | | plete Schedule T. |
| | LAI LINDITORL | | Candidate/0 | Officeholder/Po | litical Comm | nittee | | — | | officeholder living | |
| | | | | | | | | held at all par | | | Illoween Trunk or Treats hin District 3 |
| | | | | | | | | noid at all pai | IN IC | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Offi | ceholder name | C | Office sou | ght | | | Office h | eld |
| | experiulture to beliefft C/OI | ' ' | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 11/23/2024 | | Taco Cabar | na | | | | | | | |
| | Amount (\$) | Т | Payee addre | ss; City; | State; | ; Zip Co | de | | | | |
| | \$43.28 | | 1777 Lee T | revino | | | | | | | |
| | | | | | | | | | | | |
| | | | El Paso, TX | 79936 | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed at | the top of this sch | edule) | (b) | Description | _ | | |
| | OF EXPENDITURE | | Food/Bever | age Expense | | | | = | | | pplete Schedule T. |
| | | | | | | | | Check if Austin, Breakfast bur | | officeholder living | |
| | | | | | | | | שובמאומאנ שעו | HU | S TOT DIOUK | www.ncrs |
| _ | Complete ONLY if direct | <u> </u> | Pandidato/Offi | ceholder name | | Office sou | abt | | | Office h | old |
| | expenditure to benefit C/OI | | Januluale/OIII | ocholuei Haille | | Jilice Suu | grit | | | Office III | Ciu |
| \vdash | Date | Ī | Payee name | | | | | | | | |
| | 10/30/2024 | | WalMart | | | | | | | | |
| _ | | | | C': | | 7:- 6 | | | | | |
| | Amount (\$) | | Payee addre | | State; | ; Zip Co | de | | | | |
| | \$24.00 | | 7101 Gatev | ay Bivd W | | | | | | | |
| | | | | | | | | | | | |
| L | | L | El Paso, TX | 79925 | | | | | | | |
| | PURPOSE | (a) | • | ee Categories listed at | • | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | | s/Donations M | | | | | | | plete Schedule T. |
| | - - | | Candidate/0 | Officeholder/Po | litical Comm | nittee | | ш | | officeholder living | • |
| | | | | | | | | Senior Cente | | | be donated to Happiness |
| | Complete ONLY if direct | <u> </u> | `andidata/∩ffi | ceholder name | | Office sou | abt | | | Office h | old |
| | expenditure to benefit C/OI | | Januiuale/UIII | centiuei Haine | | אוווכב אווויכ | yııı | | | Onice II | ciu |
| | | | | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services | morials Expense Printing | Expense Expense s/Wages/Contract Labor complete this form. | Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|---|----------------------------------|----------------------------------|--|---|
| 1 | Total pages Schedule F1: | | <u>-</u> | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 14/14 Rpt: 22/23 | Maldonado-Rocha, De | anna (Mrs.) | | 00000046 |
| 4 | Date | 5 Payee name | | | |
| | 11/04/2024 | iHeart Media | | | |
| 6 | Amount (\$) | 7 Payee address; City; | State; Zip (| Code | |
| | \$7,000.00 | 4045 N Mesa St | | | |
| | | El Paso, TX 79902 | | | |
| 8 | PURPOSE | (a) Category (See Categories lis | ted at the top of this schedule) | (b) Description | |
| | OF EXPENDITURE | Advertising Expense | , | | outside of Texas. Complete Schedule T. |
| | EXPENDITORE | | | | n, TX, officeholder living expense |
| | | | | To cover rad through elec | io ads played during early voting tion day |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder nar | me Office so | ought | Office held |
| | | | | | |
| | | | | | |
| | | | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 23/23 Maldonado-Rocha, Deanna (Mrs.) 00000046 Date Payee name 11/25/2024 Acosta, Delia 6 Amount (\$) Payee address; City; State; Zip Code \$320.00 Reimbursement from political contributions intended El Paso, TX 79936 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Labor **EXPENDITURE** wages for block walking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH